								4	Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO Effective January 1, 2003								064731,0332					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								ALL E	NTITY	OR	OTHER		
TOTAL CLAIMS			20				F	RATE FEE		1	RATE	FEE	
FOR .			NUMBER FILED		NUMBER EXTRA		BA	BASIC FEE -375.00		OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			20 minus 20=		• 🚓		×	X\$ 9=		OR	X\$18=	(
INDEPENDENT CLAIMS			3 minus 3 =		. 8		7	X42=		OR	X84=		
ML	LTIPLE DEPE	NDENT CLAIM P	RESENT					+140=			+280=	<u>-i-</u>	
* H	the difference	in column 1 is	less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	262	
(/2/4 CLAIMS AS AMENDED - PART II								TOTAL				750	
/	/d/0 (Column 1) (Column 2) (Column 2)						SI	SMALL ENTITY			OTHER SMALL		
A		CLAIMS REMAINING		HIĞH NUM	BER	PRESENT	Γ.	ATC	ADDI-	1	CATT	ADDI-	
EN		AFTER AMENDMENT		PREVIO PAID		EXTRA	L	ATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	. 30	Minus	·ó	0	- \	×	X\$ 9= X42=	o	OR	X\$18=		
AME	Independent	• (3	Minus	144	3	-	×			OB/	X84=		
	FIRST PRESE	NTATION OF MI	ULTIPLE DI	PENDENT	CLAIM		-	40=		OR	+280=		
	01 1							TOTAL	/		TOTAL		
C	21.07	(Column 1)		(Colum	nn 2)	(Column 3)	ADD	IT. FEE		10	ADDIT. FEE	•	
8		CLAIMS REMAINING		HIGH		PRESENT			ADDI-	1		ADDI-	
ENT		AFTER AMENDMENT		PREVIO	USLY	EXTRA	R	ATE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT B	Total	-20	Minus	-2	0		X	\$ 9=		OR	X\$18=		
ME	Independent	• 3	Minus	***	3	8	x	42 =	7	OR	X84=		
	FIRST PRESENTATION OF ML		ILTIPLE DEPENDENT		CLAIM	M				Un		-	
								40=		OR	+280=		
							ADDI	TOTAL T. FEE		OR	TOTAL ADDIT. FEE		
_		(Column 1)		(Colun		(Column 3)		••					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH	BER	PRESENT EXTRA			ADDI-			ADDI-	
				PREVIO PAID I			·R/	RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	•	Minus	##		•	X	9=		OR	X\$18±		
	Independent		Minus	***		8	Y.	12=			X84=		
	FIRST PRESE	NTATION OF MI	JLTIPLE DE	PENDENT	CLAIM		<u> -</u> ~			OR	V649		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										ОЯ	+280=		
1	If the "Righest Number Previously Paid For" In THIS SPACE is less than 20, enter "20." "If the "Righest Number Previously Paid For" In THIS SPACE is less than 3, enter "3." ADDIT. FEE										TOTAL ADDIT, FEE		
	he "Highest Num	mber Previously Pal Iber Previously Pal	d For (Total	us space i or independe	ress tha and is the	n 3, enter "3." highest numbe			propriate bo				